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2891

Examiner Name

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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

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Signature			
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Date	July 20, 2007	Reg. No.	51,683